



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1685-MC

**DATE:** June 23, 2016

**TO:** All Iowa Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) and Managed Care Organizations (MCOs)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Monthly Provider Assessment Update

**Effective:** July 1, 2016

**\*\*\*\*\*This letter replaces Informational Letter No.1636-MC dated March 14, 2016\*\*\*\*\***

2016 Iowa Acts House File 2460 (HF2460) required the following changes to the ICF/ID assessment for claims paid on or after July 1, 2016:

- Changed the assessment payment period from monthly to quarterly; and
- The amount of the assessment is to be based on the previous quarter's paid claims instead of prior period annual revenue

The changes specified in HF2460 require updates to the Iowa Administrative Code and State Plan. A new form to calculate the amount due quarterly will also need to be created. Information on the finalized form will be sent in a separate informational letter which will include a link to download the form.

The following table outlines the quarterly assessment due dates and the claims period the amount applies to:

Claims Paid		
Beginning	Ending	Date Assessment Due to the IME
7/1/2016	9/30/2016	10/31/2016
10/1/2016	12/31/2016	1/31/2017
1/1/2017	3/31/2017	4/30/2017
4/1/2017	6/30/2017	7/31/2017

For claims paid prior to July 1, 2016, providers are still required to remit monthly assessment amounts to the IME by check outlined in the following table:

Dates of Service					
Beginning	Ending	Month Assessment Paid to Provider	Month Assessment Collected by the IME Through Claim Offset	Month Assessment Collected by the IME Through Provider Check	Date Assessment Due to the IME
2/1/2016	2/29/2016	March 2016		April 2016	April 30, 2016
3/1/2016	3/31/2016	April 2016		May 2016	May 31, 2016
4/1/2016	4/30/2016	May 2016		June 2016	June 30, 2016
5/1/2016	5/31/2016	June 2016		July 2016	July 31, 2016

The provider assessment amount indicated on the most current per diem payment rate calculation will be the amount due through July 31, 2016, in the table above.

Checks should be mailed to:

Iowa Medicaid Enterprise  
PO Box 36450  
Des Moines, IA 50315.

Checks should be accompanied with a letter or memo the month of the assessment being remitted.

If you send a package requiring a signature, for example, via certified mail or overnight, please send to:

Iowa Medicaid Enterprise  
100 Army Post Road  
Des Moines, IA 50315

If you have any questions, please contact the IME Provider Cost Audit at 866.863.8610 or email at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).